



NMCP reaches eye-opening milestone: Refractive surgery clinic at 10,000 eyes and counting

By JO1 Daniel A. Bristol

The NMCP Refractive Surgery Clinic performed its 10,000th photorefractive keratectomy (PRK) Nov. 4. The Refractive Surgery Clinic, part of the Ophthalmology Department, began offering PRK in 1999 to improve combat effectiveness in active duty personnel.

This FDA-approved laser procedure is used to correct nearsightedness, farsightedness, hyperopia, myopia and astigmatism (irregular shape of the eye). The clinic also performs LASEK eye surgery, but only for about 25 percent of its refractive surgery candidates.

ITC(SW) Martin Ervin, a service member working for Allied and Transformation Command, Naval Air Station Oceana, was NMCP's 9,999th and 10,000th patient. Prior to the surgery Ervin said, "I feel confident and calm that everything will go well with the surgery. I can't see anything going into the surgery, so hopefully, I will be able to see coming out."

Cmdr. William Sray, ophthalmologist, performed the clinic's 9,999th surgery on Ervin's right eye and number 10,000 on his

left. Ervin received a special pair of sunglasses with bright gold lettering — 9,999 over the right eye and 10,000 over the left. John Corrigan, refractive eye technician, decorated Ervin's medical record with the milestone numbers. Mary Mitchell, head of refractive surgery scheduling for NMCP's ophthalmology department, presented Ervin with an NMCP command coin.

After the surgery, Corrigan asked Ervin if he could read the writing on the machine in the corner of the room.

"I can see all of it, Wow!"

"That's what we call the 'wow' factor of patient satisfaction," said Cmdr. Ed Levine, ophthalmology department head, NMCP.

"It's definitely a high," said Ervin. "It feels good. I can see better now."

In the Navy and Marine Corps, some service members have duties in which the use of glasses or contacts may adversely affect their mission performance. PRK has been shown to significantly improve the mission capabilities of these individuals, and

Continued on page 3



Photo by JO1 Daniel A. Bristol

Frear says goodbye after 30 years



Above: HMCM(SW) Maurice "Festis" Frear (now retired) keeps the command laughing as he says goodbye to friends and colleagues. From left to right: HM3 J. Peralta; Frear; wife, Theresa; Capt. C. Forrest Faison, deputy commander and Capt. Roberto Quiñones, then DFA.

HMCM(SW) Maurice "Festis" Frear retired from the U.S. Navy after 30 years of service. Much like the man himself, Frear's retirement ceremony was anything but conventional. The auditorium was packed and speeches were fraught with humor and laughter, a fitting goodbye for a man who left such an impression on everyone he met.

Frear left his hometown of Monett, Mo., in 1974 and enlisted in the Navy. He left the Navy Nov. 12 after rounding out his career as acting command master chief.

Below: The "sideboys" stand at attention shortly before Frear is piped ashore and welcomed into their community of retired servicemembers.



(Below) Frear gives a final salute to HMCM (SW) Dan Whiting during the flag passing part of the ceremony.



The Courier

The Courier is an authorized publication of Naval Medical Center Portsmouth, 620 John Paul Jones Circle, Portsmouth, VA 23708. The Courier is published monthly by the Public Affairs Office.

Commander
Rear Adm. Thomas K. Burkhard

Staff Journalists
JO1 Daniel A. Bristol
JO1 Sarah R. Langdon

Public Affairs Officer
Deborah Kallgren

Deputy Commander
Capt. C. Forrest Faison

Assistant PAO
Dan Gay

This publication provides an avenue to circulate all useful information the NMC Portsmouth staff has to offer. Submissions are welcome. Contact the Public Affairs Office by calling 953-7986, by fax at 953-5118, or by emailing the PAO, Deborah Kallgren, at drkallgren@mar.med.navy.mil. Submissions should be on disk in text or Word format with a paper copy attached. Photos should be a separate submission from the document and in jpeg, bitmap or tiff format. Submissions will be placed in the next issue space permitting. PAO is located in Building One, Third Deck, Rm. 311.

NMCP continues tradition of great eyecare

Continued from page 1

is currently the procedure of choice for personnel in warfare communities.

"We were the second center in the Navy to offer this surgery. Now, the Navy has seven centers," said Levine. "For the last three years, NMCP was the number one center in the Navy. We were the most productive, evident by us reaching this milestone, and the most cost effective of all seven centers."

Since the first laser surgery in 1999, NMCP has initiated some special programs. The Ship of the Month program has been expanded to two ships of the month. Under this program, the refractive surgery clinic chooses two ships and reserves 30 surgical appointments for their Sailors. A similar program is the Squadron of the Month. Ervin participated in the newest program, the Refractive Surgery for Returning War fighters. Planning has begun for a program to treat service members who are being deployed, Levine said.

The priority for service members who wish to undergo this type of surgery is:

Priority 1 – (Highest) This category is restricted to only those personnel whose military duties, without



Photo by JO1 Daniel A. Bristol

ITC(SW) Martin Evrin receives a special pair of sunglasses to commemorate his status of having the 9,999 and 10,000th eye surgery.

question: require them to frequently and regularly work in extreme physical environments that preclude the safe use of spectacles or contact lenses, or where their use has a high probability of compromising mission performance.

Priority 2 – This category identifies personnel whose military duties do not typically expose them to extreme physical environments, where personal safety and mission performance make the use of spectacles or contact lenses impractical, but not necessarily incompatible.

Priority 3 – This category identifies personnel whose military duties do not typically expose them to extreme physical environments, but there is

a reasonable expectation that the member may periodically meet the criteria for Priority 2.

Priority 4 – This category identifies personnel whose military duties rarely expose them to extreme physical environments and where there is no reasonable expectation of being assigned to work environments that would make spectacle of contact lens use difficult.

Any active duty Navy, US Marine Corps or US Coast Guard member can apply to the program by submitting a completed Navy Refractive Surgery Consult Form, which is available at <http://www.nmcp.mar.med.navy.mil/ophthal/prksurgery.asp>.

The member will be added to the applicant database and contacted when his turn comes up. ▼

NMCP PRK Surgeries

| | |
|-------------|---------------|
| 1999 | 320 |
| 2001 | 1,200 |
| 2002 | 2,500 |
| 2003 | 2,500+ |
| 2004 | 2,500+ |

Goal for 2005 is 4,000 surgeries

Operation Santa

Every year the Red Cross, NMCP commander and director for administration get together to bring the holiday season to the patients on the wards through Operation Santa. This year, Operation Santa will be held Dec. 22 at 1 p.m.

Candy gift bags and phone cards will be distributed, and a non-military club from Virginia Beach is donating appropriate gifts for the patients assigned to the psychiatric ward. Santa and Mrs. Claus will both be in attendance to spread some holiday cheer.

Operation Santa could use some volunteers to help with the cards and handing out the gifts.



Farewell Capt. Q, DFA heads south

Capt. Roberto Quiñones served as director for administration at Naval Medical Center Portsmouth for more than two years. Well-known throughout the command, Capt. Quinones has been a familiar face throughout the medical center, and was always happy to present an award or serve as reenlisting officer for a fellow Sailor. Capt. Quiñones is heading to Naval Hospital Beaufort, S.C., where he will be the commanding officer.



Left: Capt. Q. steps off the bus after saying farewell to members of the 2nd FFSG, which deployed in February.



Above: Capt. Q prepares to fill his plate with BBQ at his farewell luncheon. Below -- Capt. Roberto Quiñones and Lt. Cmdr. David Collins walk laps during the wee hours of the night at the Spring 2004 Relay for Life. NMCP provided seven teams for the event.

I just want to take this opportunity to thank each and every staff member here at Portsmouth for making this a very memorable experience. I have had the honor of serving with the best bunch of professionals in Navy Medicine. Each and every duty station has been great, but I must tell you that in my 35 years of active duty, you have been the best. You have played a major role in my preparation for the next challenge of Command at the Naval Hospital Beaufort, SC.

To my entire staff of the DFA, I want to express a very special thanks to you for the support and service you provide, to not only the staff, but also our Beneficiary Population. You are a very special group and I will never forget you. I am confident you will continue to do what you do best, provide top notch support to the clinical mission of this command.

To my fellow Directors, you have set the mark high and have led the way to achieve that goal. Thanks for your friendship and support.

To the Chief's Mess, you guys rock. Stay as engaged as you are.

And last but not least, Rear Adm. Burkhard. Sir, you have challenged all of us to be nothing but good stewards of the taxpayers money and do what our Line Leadership expects, and that is, support the operational mission and provide the best quality care to our beneficiaries. At no time do you ask for more than what is expected and you have led the charge by rolling up your sleeves and showing us the way. In my case, you gave me the opportunity to grow professionally and made me realize there is always room to learn and there is no such thing as defeat. Thanks for all you have done. In closing, may God Bless all of you and bring you happiness in all your endeavors. Always remember that you belong to a Team that is in fact, the "FIRST AND FINEST".

Very Respectfully, Capt. Q

All photos by JO1 Sarah Langdon



Capt. Q admires one of his farewell gifts, a framed picture of Building One during his farewell luncheon. More than 250 attended the BBQ to say goodbye.



Welcome Aboard CMC Angstead

By JO1 Sarah Langdon

CMDCM(FMF/DV/PJ) Christopher R. Angstead kicked off his first official week as the new command master chief of Naval Medical Center Portsmouth Dec. 6.

NMCP's new command master chief comes from a varied and highly operational background. Not only has he spent much of his career deployed with Marine and special operations units, his assignments also include a tour at the White House and work with the CIA.

Angstead joined the Navy in 1985, attending Recruit Training Command, San Diego, Calif. Following completion of hospital corpsman "A" school in San Diego, Angstead took orders to Naval Hospital Whidbey Island, Wash. While there, he advanced

to third class petty officer followed by second class petty officer, and took on responsibilities as leading petty officer of inpatient nursing departments.

Angstead's next tour took him to Field Medical Service School, Camp Pendleton, Calif. He was then assigned to 3rd Battalion, 5th Marines, Camp Pendleton, as Scout/Sniper Platoon corpsman. Deployments during this time included Panama with Marine Security Forces prior to Operation Just Cause; Camp Schwab, Okinawa and Camp Casey, South Korea, where he participated in Joint Service Exercise Team Spirit.

One week after returning from deployment, Angstead joined 1st Battalion, 7th Marines, 29 Palms, Calif., and deployed to Saudi Arabia to participate in Operation Desert Shield.

After returning from deployment, Angstead was selected for the training cadre with 1st Special Operations Training Group, 1MEF, Camp Pendleton, and assigned as Close Quarters Battle, Marksmanship and Tactics



Instructor, Medical Evaluator and Senior Medical Department Representative. During this time, Angstead advanced to first class petty officer.

Angstead completed a tour with 1st Force Reconnaissance Company, 1 MEF, Camp Pendleton, where he deployed to Somalia for Operation "Restore Hope". During this deployment Angstead worked with the Force Recon platoon completing a variety of contingency tasking and providing security for CIA personnel and highly sensitive equipment. Angstead then headed to Surface Force Independent Duty

Corps School, San Diego, followed by Southwestern College Paramedic Course and Internship, Chula Vista, Calif. After he completed IDC school, Angstead was selected for White House duty where he worked with the Presidential Medical Contingency Planning and Emergency Medical Response liaison to the President's Helicopter Squadron (HMX).

It was during this tour he was promoted to senior chief.

In November 1999, Angstead added to his already list of special qualifications and duties and headed south, to Panama City, Fla., where he took instructor duty at Naval Diving and Salvage Training Center -- the training facility for Navy divers. While there he served as leading senior chief petty officer for Specialized Diving Division and High-Risk instructor for USMC

Combatant Diver, Explosive Ordinance Disposal (EOD) and Amphibious Reconnaissance Corpsman courses. He was promoted to master chief and selected for the Navy's command master chief program.

Prior to his arrival at NMCP, Angstead completed a tour as CMC of 3rd Force Service Support Group, MARFORPAC, Okinawa, Japan.

"I am humbled and honored to be here as the NMCP command

Continued on page 17

Congratulations newly frocked POs



BM1 Allen, Charles
 HM1 Francis, Terry
 HM1 Gauthier, Terrence
 GM1 Montoya, Anthony
 RP1 Oestreich, Christine
 HM1 Parker, Carl
 HM1 Pierce, Jennifer
 HM1 Short, David
 HM1 Warren, Joshua
 HM1 Way, Stephen
 HM1 Yahn, Steven



RP2 Boswell, Tommy
 SH2 Brundage, Tyree
 DT2 Horrigan, Christina
 HM2 Peralta, Jose
 HM2 Price, Casey
 HM2 Rice, Reba
 ET2 Vaneman, Steven
 ET2 Walters, Dennis



HM3 Alvey, Weston
 HM3 Anderson, Crystal
 HM3 Archambault, Stephanie
 CS3 Atwell, Christopher
 HM3 Barr, Sametria
 HM3 Black, Shannell
 HM3 Bost, Candeese
 HM3 Brown, James
 HM3 Calinao, John
 HM3 Caraballo, Althea
 HM3 Catchings, David

Petty Officer Third Class (cont'd)

HM3 Charley, Chimere
 HM3 Compton, John Dougla
 DK3 Corridon, Ariella
 HM3 Covarrubias, David
 HM3 Culver, Raymond
 HM3 Daniels, Tymeeka



Photo by JO1 Sarah Langdon

HM3 Dawson, John
 HM3 Dempsey, Stacey
 HM3 Dustin, Emma
 HM3 Edwards, Amber
 HM3 Fanello, Anthony
 HM3 Fleming, Anthony
 HM3 Floyd, Waleed
 HM3 Fultz, Laura
 HM3 Gicheru, Karanja
 HM3 Gramby, Rashida
 HM3 Grogan, Alisha
 HM3 Guyton, Monieka
 HM3 Ha, Linda
 HM3 Haggerty, Paul
 HM3 Halgren, Deanna
 HM3 Harris, Xavier
 HM3 Hartsock, Anthony
 IT3 Hatford, Joy
 HM3 He, Jing
 HM3 Holzinger, Kevin
 HM3 Houde, Joanne
 HM3 Hradil, Justin
 HM3 Jackson, David
 HM3 Jeancharles, Lisa
 HM3 Jenkins, Kelly

Petty Officer Third Class (cont'd)

HM3 Johnson, Sherriel
 HM3 Jorge, Frank
 HM3 Kargo, Batheh
 HM3 Killings, Ardelia
 HM3 Lafleur, Desmond
 HM3 Laney, Adam
 HM3 Lawless, Heather
 HM3 Lawson, Sherryl
 HM3 Leji, Mercy
 HM3 Leusink, Joshua
 HM3 Lewis, Octavia
 HM3 Lohman, Christopher
 HM3 Long, Maria
 HM3 Lozano, Manuel
 HM3 Maciavasquez, David
 HM3 Malits, Dina
 HM3 Manubag, Aldwin
 HM3 Mark, Catalina

HM3 Mattocks, Natasha
 HM3 McNiel, Izabela
 CS3 Miles, Latasha
 HM3 Mitchell, Brandi
 CS3 Moleon, Alex
 HM3 Morada, Danilo
 CS3 Morales, Michael
 HM3 Mourao, Irina
 HM3 Nunn, Nicole
 HM3 Ogbeta, Seguin
 HM3 Olexa, Joshua
 HM3 Olivar, Laren
 HM3 Olson, Lindsay
 HM3 Overturf, Therese
 HM3 Padilla, Matthew
 HM3 Parks, Ebony
 HM3 Perez, Stephany
 HM3 Phillips, Kenneth
 HM3 Pines, Aaron
 HM3 Richard, David
 HM3 Richardson, Asya
 HM3 Riss, Linda
 HM3 Rodriguez, Laura
 HM3 Robinson, Jermardrick

Continued on Page 13

Congratulations Civilians of the Year



Wilena Hopson, head registrar for admissions and dispositions has been named NMCP's Civilian of the Year, 2004. Hopson was the 4th quarter, Civilian of the Quarter. She has 29 years in government service and 13 years at NMCP. Hopson's duties include bed management, birth certificates and notary services for paternity testing. She is in charge of 18 civilian staff members and three hospital corpsman.

"I am shocked and honored (to receive this award)," Hopson said. "I don't think I moved when they called my name. I hadn't even gotten over the first award."

"The nomination itself is an honor and it calls for a certain type of representation," she continued. "Of course, I am grateful to God. And as a cancer survivor, I'm even more grateful – to come back from that and to have contributed enough that my command appreciates my work."

"They allow me to experiment with ideas," Hopson said. "I'm given a lot of independence in piloting ideas and it's just nice to know the effort I put in is appreciated."

Photos by JO1 Sarah Langdon

Montria Spencer, medical clerk for Ophthalmology Clinic is NMCP's Civilian of the Year, 2004, Category One (GS-6 and below). Spencer is responsible for checking patients in and out for their appointments and tracking the administrative hours of the active duty staff in the clinic. She has worked for the Ophthalmology Clinic for the past five years.

Spencer said she always tries to bring a positive attitude to work every day.

"I believe that you should always treat people the way that you want to be treated," she explained. "If you do that – put yourself on the other side of the counter, you'll be giving the patient the best care because that's the treatment you would want to receive. I'm training someone right now, and that's what I tell them."

"I am just so honored and so proud to represent my department and the command," Spencer said. "My family was able to come to the award ceremony and my husband was so excited."

"He said, 'see, that's what hard work does,' she said. "My children were able to come up as well and they were very proud of me as well."



Stay safe and alive this season

New laws get tough on Va DUIs

Submitted by HMI Ortiz, Command DAPA

New laws in Virginia this year establish mandatory jail sentences and allow courts to confiscate vehicles from repeat offenders and impose additional fines.

Governor Mark Warner said, "This is an all out assault on drunk driving. The message we are sending loud and clear is that if you drink and drive, or use drugs and drive, you are not welcome on Virginia's roads, and if we catch you, we're going to prosecute you to the fullest extent of the law."

These new laws make Virginia one of the toughest states in the nation for drunken drivers. Some

of the laws make it more likely that people charged with drunken driving will go to jail:



People caught with a BAC (blood alcohol concentration) level of .15 or greater face five days of mandatory jail time, even if they are first-time offenders. Those with a

BAC level of .20 face a 10-day sentence.

A loophole has been closed that allowed DUI charges to be dismissed upon conviction for reckless driving. Other laws ensure that drunken drivers will spend more time behind bars:

A second conviction within five years carries an increased mandatory minimum sentence of 20 days, up from five.

A second conviction within 10 years carries a minimum sentence of 10 days.

Continued on Page 10

Drowsiness and Driving: A Dangerous Combination

Submitted by HMI Ortiz, Command DAPA

"Drive alert. Arrive alive." That's the motto for a new campaign by the National Sleep Foundation (NSF), which wants to educate the public about avoiding situations or behaviors that increase the risk of drowsy driving and "fall-asleep" crashes.

Driving is a popular form of transportation, but it can be dangerous because so many drivers take unnecessary risks. One of those risks is driving while drowsy. According to an NSF survey conducted in 2002, just over half of America's adult drivers admit to driving while feeling sleepy. That is, 51 percent—or approximately 100 million drivers—are just this side of being

asleep at the wheel. Most are young males.

The National Highway Traffic Safety Administration (NHTSA) estimates that each year, drowsy driving causes approximately 100,000 car crashes, 71,000 injuries and 1,550 fatalities. According to a NHTSA report ("Drowsy Driving and Automobile Crashes"), key factors that increase the risk of drowsy driving and related crashes are:

- Sleep loss
- Driving patterns (driving at odd hours, logging a substantial number of miles or hours, driving in the mid afternoon, driving long distances without taking a break)
- Use of sedating medications (i.e.,

antidepressants and some antihistamines)

- Untreated or unrecognized sleep disorders
- Consumption of alcohol before or during driving

Any of these factors can significantly increase accident risk. In the winter, the combination of poor conditions, sleepiness and alcohol use can significantly increase the chances of a deadly accident. Populations at highest risk for accidents stemming from drowsiness or lack of alertness are:

- People ages 16 to 29, particularly males;
- Shift workers whose sleep is

Continued on next page

59 percent of drowsy drivers stay on road

Continued from previous page

disrupted by working at night or working long or irregular hours

– People with untreated sleep apnea syndrome (a sleeping disorder that causes severe drowsiness) and narcolepsy (a syndrome characterized by sudden sleep “attacks”).

People tend to fall asleep while driving on high-speed, long, rural highways or routes that are “boring,” and most crashes occur between midnight and 6 a.m., according to the NSF. But plenty of accidents also occur in urban areas and during daylight hours, most commonly in early mornings or mid afternoon.

One of the most unsettling findings from the NSF survey was the percentage of travelers who admitted that they continue driving even when they know they’re tired. Overall, 59 percent of respondents who drive while drowsy said that they don’t get off the road to rest.

“Most people understand that being tired while driving is not good,” says Darrell Drobnich, senior director of government and transportation affairs at NSF, “but I don’t think they fully understand how much it affects their performance.”

He says studies show that drivers overestimate their alertness levels. “People don’t understand that drowsiness is an impairment, just like an impairment caused by alcohol or drugs. You can’t shake off

the effects of fatigue.”

And fatigue, says Drobnich, plays a major role in causing distraction. “We know that as tiredness progresses, the number of bouts of inattention increase.” Drivers focus less on the road and more on other things. Many will daydream.

It’s one thing to put off sleep while at home. For instance, falling asleep in front of the TV—assuming you’re not smoking—is a fairly low-risk endeavor. Nodding off in a speeding car is a different story. Many lives have been drastically changed because a drowsy driver invoked the “just one more mile, then I’ll stop” mantra.

It takes only a few moments of “shut-eye” to precipitate a life-altering event, Drobnich says. “At 60 mph, you travel the length of a football field in a few seconds with no control of your car.”

Sleep experts say that despite what many think, most people don’t recognize the warning signs of driving fatigue. They include:

- Difficulty focusing, frequent blinking, “heavy” eyelids;
- Trouble keeping your head up;
- Yawning repeatedly;
- Trouble remembering the last few miles driven; missing exits or traffic signs
- Drifting from one lane to another, tailgating, hitting a shoulder or rumble strip.

Drobnich says that drivers also make the mistake of thinking “as long as I’m awake, I’m okay.”

“You don’t have to fall asleep

at the wheel to be dangerous,” he says. “Fatigue itself will slow your reaction times, impair judgment and impair driving skills. So drowsy drivers are dangerous even if they don’t fall asleep at the wheel. Just like drunk drivers.”

“Stay Alert” Driving Tips

There are steps you can take to reduce the risk of accidents caused by sleep deprivation.

- If you know you have a road trip coming up, get plenty of sleep before you leave.
- Try to drive with a companion who can take over when you’re tired.
- Try to avoid driving between midnight and 6 a.m.
- If you feel tired or if signs of fatigue are evident, get off the road and take a 15-to-20 minute rest stop. (Be sure to park in an area that is safe—away from traffic and well lit.)
- Ingest caffeine (two cups of coffee or the caffeine equivalent).

Coffee and energy drinks can help increase alertness, but their effects are short-term; also, it takes about 30 minutes for the caffeine from such drinks to enter the bloodstream.

“Blasting” the radio or CD volume, or opening the car windows are common tactics used to restore alertness, but they don’t work. Sleep disorders, or poor sleep also can reduce alertness during driving. ▴

**Stay alert and stay
alive this holiday
season!**

New laws enforce zero tolerance for DUI

Continued from page 8

A third conviction within five years carries a minimum sentence of 180 days, up from 30.

A **third** conviction within ten years carries a minimum sentence of 90 days, up from 60.

People convicted of three DUI offenses within five years will be refused bail if they are charged with a new offense.

Drunken drivers also face new fines and other forms of punishment:

Courts can order the forfeiture of a drunken driver's car after a third or subsequent conviction.

Repeat drunken drivers will be fined an additional \$50. The money will be used to fund the state's trauma centers, including those at Sentara Norfolk General and Sentara Virginia Beach General hospitals.

DUI offenders can be required to reimburse cities and counties up to \$250 for firefighting, rescue and emergency services.

Failure to reimburse locality costs will result in a driver's license suspension and vehicle registration cancellation.

All arrests for DUI will be immediately listed in an individual's criminal record.

A **convicted** drunken driver's license will be revoked for 30 days or until trial for a second alleged offense and 60 days or until trial for a third alleged offense.

First-time DUI convictions

carry a minimum mandatory fine of \$250.

Convicted DUI offenders will face stricter scrutiny under zero-tolerance policies:

A **convicted** drunken driver who received a restricted driver's license following a conviction where his or her BAC was .15 or greater must use an ignition-interlock device,



which keeps the car from starting until the driver's breath is tested.

A **person** stopped within five years after a DUI conviction who is using a restricted license and has a BAC of 0.02 percent will be charged with a misdemeanor and will face a license suspension for at least one year and a fine up to \$2,500.

A **repeat** offender who refuses to take a blood-alcohol test at any time within 10 years after an initial conviction will be charged with a misdemeanor and face up to six months in jail and a \$1,000 fine. If the individual has two or more previous convictions within 10 years, the maximum sentence is 12 months and a \$2,500 fine.

Anyone convicted of DUI who violates the requirements of a restricted driver's license faces up

to 12 months in jail, a \$2,500 fine and loss of the license.

Law-enforcement agencies also will have more flexibility in pursuing drunk drivers:

Law-enforcement officers can arrest an individual involved in a vehicle crash within three hours without a warrant and at any location if there is probable cause to suspect the person is intoxicated.

Magistrates are no longer required to explain the consequences of refusing a blood or breath test to someone who has already been informed by an arresting officer.

Other laws clarify existing policies:

Anyone who unreasonably refuses to submit to a blood or breath test may be subject to criminal punishment.

A **drunken driver** whose license has been suspended may be granted a restricted license in order to appear at court proceedings and to report to a probation officer.

A **drunken driver's** license may be revoked whenever there are multiple convictions.

Mandatory minimum punishments for a third or subsequent conviction of driving on a restricted license are applicable only if the offense occurs within the 10 years of the first. ▼

Think before you drink!

Congratulations

Nurses of the Quarter

Senior Nurse of the Quarter, 4th Quarter

Lt. Martha Heineman works at Sewells Point Branch Medical Clinic, and is the division officer for the Primary Care Clinic and Immunization Clinic. Her area of responsibility includes overseeing general patient care and sick call, providing immunizations and the mobilization and demobilization of reservists. Heineman said she was surprised when she was named Nurse of the Quarter.

"I felt honored, very honored and very surprised," Heineman said. "I was especially flattered because I was nominated by one of my civilian co-workers. That's a big deal to me because it means they appreciate me being there and helping out.

"I makes me feel, hopefully, that I'm making a difference," she explained. "I try to bring a positive attitude to work with me. My main objective is keep everything running smoothly and make sure the people who work for me are confident, and are personally and professionally ready to do their job. And of course, patient satisfaction is very important to me as well."



Photo by JO1 Sarah Langdon

Junior Nurse of the Quarter, 4th Quarter, 2004

Ens. Deneta Hampton is a registered nurse on the Ortho Ward, 4G, at Naval Medical Center Portsmouth. She has been in the Navy for 17 years. Hampton was picked up for the Navy's Medical Enlisted Commissioning Program (MECP) while she was an information technologist, first class petty officer. She has worked at NMCP for little over a year.

"We do post-operative care following orthopedic surgeries such as knee or spinal surgery and hip replacement," Hampton said. "We help them with the rehabilitation part as well. A lot of people are afraid they're not going to be able to walk like they did before surgery. We try to relieve those fears and let them know they can do it.

"I was very surprised to be named junior nurse of the quarter. I have only been a nurse for a short while, but it's a good feeling to represent 4G (with this award)."



Photo by JO1 Sarah Langdon

Holiday safety tips for kids

Courtesy of
your Occupational Safety & Health Department



Colored lights are magical to a child, especially during the holidays. Shiny ornaments and sparkling tinsel look good enough to eat. Glowing candles beckon little fingers. And therein lies the dazzle that makes the holidays special and the danger those attractive symbolic ornaments and decorations pose to a small child.




Many parents forget to view holiday decorations through their own safety lenses. We are so used to associating happy memories with these items, that they forget to see them through the eyes of a child who cannot resist the temptation to touch, taste or smell.

So, even when your child is nearby, you can't be too careful. Holiday cheer and friendly conversation can be just enough distraction for your toddler to get into trouble.









We all learn about the world through our senses. Children below age of three are particularly focused on exploring the world through their sense of touch and taste. Colored electrical lights on Christmas trees have tempted more than one child

to touch them – even lick them — which can land a child in the emergency room. Flames from beautiful menorahs can burn tiny, curious fingers. Young children easily perceive shiny glass

ornaments as toys, so protect your child from glass objects that could cut or shatter by substituting plastic for a few years. Keep your children safe this holiday season. 

Tips to Keep Your Kids Safe This Holiday Season

-  Do not leave children unsupervised around any kind of electrical lighting or open flame.
-  Take an inventory of potential hazards you have in your home after decorating and pay special attention to electrical decorations. Christmas lights hung or strung across a wall or window are no exception. These may be low enough for a small child to grab before you can notice.
-  When visiting friends and relatives, check the environment for these same types of safety hazards.
-  Identify lights as pretty to watch, but dangerous to put in your mouth or grab.
-  Tell your toddlers and preschoolers what is safe to touch and what is likely to shatter or break.
-  Place candles and breakable items out of the reach of children until they fully understand the risks involved.

Above all, use your common sense. Look around your home and other environments where your child will spend time this holiday season to identify potential hazards. A little caution can go a long way to ensure that your holiday season is safe and merry!

Genetic Counseling for Hereditary Cancers

Attention Medical Staff: If you encounter patients whom you feel may benefit from genetic testing for hereditary cancers, please refer them to either the Command Clinical Geneticist, Dr. Trapane (953-5652),

or to one of the Adult Hematology-Oncology staff (953-1043). These tests should not be ordered routinely, as results may carry significant repercussions (such as invasive procedures, risk counseling for other

family members, and possibly insurability issues). Referrals to these specialists will ensure that pre- and post-test counseling is accomplished for all appropriately tested patients.

NMCP celebrates Peri-operative Nurses' Week



Lt. Cmdr. Erskine, clinical nurse specialist for the OR, speaks with SH2(SW) Tyree Brundage about perioperative nursing. The display included instruments, information and a video on peri-operative nursing.

Naval Medical Center Portsmouth's peri-operative nurses celebrated Peri-operative Nurses Week Nov. 15-19. This commemorative week, traditionally held around the second week in November, celebrates the work and the calling of the nurses who take care of patients pre-operatively, during surgery and post-operatively. This year, NMCP's peri-operative nurses set up a display near the food court in Bldg. 3.

"Peri-operative Nurses Week is driven by AORN, the Association of Operating Room Nurses," said Lt. Cmdr. Erskine, clinical nurse specialist for the OR. "This encompasses ambulatory surgery nurses, main OR, post-anesthesia care unit nurses, etc. OR nurses are the jack-of-all trades and master of none.



Pat West, supervisor for civilian OR nurses, talks with HM3 Thomas A. Pullman who stopped to check out the peri-operative nurse display. West has been an OR nurse for 25 years.

They are the best-kept secret in nursing.

"We do it all," she said. "We are the eyes and ears of the patient. In any other setting the patient can speak and communicate, but when they are anesthetized, someone needs to be able to speak for them. We love to take care of our patients: they are our focus and have our undivided attention."

"We work side by side with the surgeons and we really work as a team," said Pat West, RN and civilian supervisor for the peri-operative nursing division. "I really love this job. It's full of challenges and a lot of variety. It's never just an everyday routine."

Frocking List for E-4 (Cont'd)

HM3 Rush, Glenn
HM3 Saleena, Jennifer
HM3 Sanders, Ryan
HM3 Scott, Hansley
HM3 Seals, Cherie
HM3 Seepersaud, Sueheigh
HM3 Sesay, Karamoh
HM3 Sewell, Steven

HM3 Sheppard, Lawrence
HM3 Smith, Mark
HM3 Somerville, Erica
HM3 Strauss, Geraldine
HM3 Taylor, Kelli
HM3 Thienard, Lisa
HM3 Thomas, Latoya
HM3 Thomas, Mikeasha

HM3 Turtle, Tommy
HM3 Washington, Roy
HM3 Watts, Beatrice
HM3 Weatherly, Marta
HM3 Williams, Lee
HM3 Xiong, Yee
HM3 Young, David
HM3 Zemke, Hannah

Pastoral Care Services

Holding On and Letting Go

LCDR Timothy J. Janning, CHC, USNR

I learned one of life's lessons holding the hand of a man dying from cancer while I prayed with him. I really did not know what to say to a dying man. I don't recall what words I prayed except that when I mentioned the names of his wife, children and grandchildren, his grasp tightened on my hand. I realized that he was **holding on** to what he loved most yet he knew the time had come to **let go**.

As evidenced by Mary Oliver's poem, "In Blackwater Woods," the earth transitions from life to dormancy in autumn and we are often drawn to reflect on what is most important to us in the face of our own mortality. The author says, "Every year everything I have ever learned in my lifetime leads back to this: the fires and the black river of loss."

The "fires" and the "black river of loss," love and death, holding on and letting go – these are life's most important realities. The world around us reminds us that there is a time to hold on and a time to let go. In October, the trees hold on briefly to their resplendent leaves. Now, in the month of December, their barren branches have let go.

In April of last year I sat with my brothers and sisters, nieces and nephews around my mother's hospital bed. I thought of the man with whom I prayed with nearly 25 years ago. My mother (now dying of cancer) most certainly

felt the same sense of loss. I was grateful that we surrounded her in these final hours. Mary Oliver's words overwhelmed me as I held my mother's hand.

"To live in this world you must be able to do three things: to love what is mortal, to hold against your bones knowing your own life depends on it; and, when the time comes to let it go, to let it go."

As health care providers we are no strangers to human mortality. We care for cancer patients young and old. We grieve with parents who have lost their newborn child. We console the spouse of a patient who died despite our best efforts to resuscitate. As health care providers we are often thrust into that sacred time in a person's life who, now, must face the difficult experience of letting go.

How can we, as healthcare providers, provide support to our patients and their families during this time? Perhaps, Mary Oliver's words suggest a way. Perhaps, the best way to face the inevitable experience of **letting go** is by **holding on** well. In other words, we live our lives to the best of our ability in relationships of care and love with our families and friends. "To love what is mortal; to hold it against your bones knowing your own life depends on it."

In Blackwater Woods
from "American Primitive" poems
by Mary Oliver, Little, Brown
& Company, 1983.

*Look, the trees
are turning
their own bodies
into pillars*

*of light,
are giving off the rich
fragrance of cinnamon
and fulfillment,*

*the long tapers
of cattails
are bursting and floating away over
the blue shoulders*

*of the ponds,
and every pond,
no matter what its
name is, is*

*nameless now.
Every year
everything
I have ever learned*

*in my lifetime
leads back to this: the fires
and the black river of loss
whose other side*

*is salvation,
whose meaning
none of us will ever know.
To live in this world*

*you must be able
to do three things: to love what is
mortal;
to hold it*

*against your bones knowing
your own life depends on it;
and, when the time comes to let it go,
to let it go.*

Continued on page 15

National Naval Medical, Dental Centers Integrate Into One Command

By Journalist 1st Class (SW/AW) AnTuan Guerry, National Naval Medical Center Public Affairs

BETHESDA, Md. (NNS) — The National Naval Dental Center (NNDC) officially integrated with the National Naval Medical Center (NNMC) Oct. 25, forming a single Navy command which offers health care to National Capital Area beneficiaries.

Deputy Surgeon General of the Navy Rear Adm. Kathleen Martin, who was a former commanding officer of NNMC, attended the dental command's disestablishment ceremony. Rear Adm. Jan Gaudio, commandant of Naval District Washington, also attended and called the event a part of a much bigger re-organization and transformation, which impacts the entire Navy.

"When I think of National Naval Dental Center as the line commander, I think of dental readiness...since 1923 this organization has been a center of

dental excellence for our entire Navy and has had a direct impact around the world on the readiness of our forces to deploy rapidly."

The integration of NNMC and NNDC is a direct result of the ever-changing environment of how the Navy and Marine Corps team operates and deploys. The Chief of Naval Operations' (CNO) vision of integration focuses on mission alignment and effective management of critical human capital. This unification is a direct result of that vision, and allows the opportunity to streamline duplicate functions and re-direct limited resources to better enhance the ability to shape the future of Navy Medicine.

In his last address to his staff, NNDC Commanding Officer Capt. Kenneth Wright talked about carrying on the legacy of NNDC.

"Shipmates, we've come together today one last time to

document the rich legacy of your past, your never-ending strong performance, and highlight your readiness to transition and leverage these expansive new opportunities that exist for you," said Wright.

When Wright assumed command of NNDC last year, he challenged staff members to set the standard and adhere to a set of principles.

"I asked you to embrace and demonstrate the value and culturally rich traditions of naval dentistry. I asked you to be teachers, communicators, mentors and team-builders. You did not disappoint," said Wright. "You are the role models and ambassadors that I wanted you to be. I have the utmost confidence in your ability that you will make the future better."

The integration of Dental with Military Treatment Facilities is expected to be completed servicewide in 2005. †

Holding on and letting go

Continued from Page 14

Holding on is not possessiveness; rather, it is having a right relationship with our God and his creation.

William Blake once penned the poem "Eternity's Sunrise": "He who binds to himself a joy, does the winged-life destroy; but he who kisses the joy as he flies by, does live in eternity's sunrise."

These words remind us that creation is a gift, something to respect and cherish, but never to be possessed.

During the dismal winter months we distract ourselves from the darkness with festivals of light. We bring good cheer into our homes. We share precious moments with those we love most. These are the times

that we are mindful that we love what is mortal. It's in the ordinary things we do that we express our love.

During the holidays I pray that you experience the love of family and friends. May you hold on to the "fires" that give you life so that you may comfort those who must experience the river of loss. †

Master chief finds creative way to display coins

Story and photos by JO1 Daniel A. Bristol

For many servicemembers, military and command coins are a perk when re-enlisting, but for HMCM (SW/FMF) Keith Barth, senior enlisted leader, directorate for surgical services, collecting command coins became a hobby.

Barth made chief petty officer in 1993 and received his chief's coin, which he still carries in his pocket today. That was the start of his collection, which has now grown to 110 coins.

He had the coins everywhere in his house, and his wife wondered what he was going to do with them. Last Christmas, his wife gave him a router and he started building a wooden display holder for the coins.

"I don't have a plan when I start building," said Barth. "I start working with the wood and as it takes shape, I start getting ideas as to what it will end up looking like. I don't see myself as creative. I am always finding little imperfections," said Barth modestly. "I have had all the adventure the Navy has promised, and this is just a display of that adventure."

He made a few display boxes that didn't come out the way he wanted, so he gave them to his friends. Barth said now that he has a display he is happy with, he is finished making them. 🇺🇸



Nutrition Classes for Women

The Clinical Nutrition Department and Women's Health Clinic at NMCP are offering a monthly nutrition class for women. The class topics include weight loss, learning sensible eating habits for your lifetime, weight management in pregnancy, ane-

mia and nutrition during lactation (for breastfeeding moms).

The classes help women learn what "healthy weight" and body mass index (BMI) mean, and where they fall according to their height. Learning how to read food labels, how to get enough veg-

etables in your diet and "Defensive Dining" are also covered. Participation in classes requires a consult.

Check with your provider for more information or call Geetha Raman, clinical dietician, at 953-2627. 🇺🇸

MWR Upcoming Events

Upcoming Events

MWR Aerobathon – MWR will hold a holiday Aerobathon Dec. 18, from 9 to 11 a.m. Special awards for those who complete the entire class!

Participation is open to all active duty, dependents, reservists, retirees, and NMCP DoD civilians with an MWR membership.

Call Dee Hunt for more info.
953-6130

Single Sailor Events – December

Last minute shopping at MacArthur Mall – Dec. 15

ODU Basketball – Dec. 18

The Great Candy Cane Giveaway – Dec. 21



January

Movie Night – Jan. 3, 10

Free-Throw Contest – Jan. 5

Pizza Night – Jan. 12

American Indoor Karting – Jan. 19

ODU Basketball – Jan. 22

Ice Cream Sandwich Night – Jan. 26

Call Erin Ridenour for info on the events. 953-5095

Places to Go

ITT Office -- Visit our ITT office in Bldg 215, 2nd floor, for great discounts on tickets to area attractions! They make awesome holiday gifts! We are open M-F 8 a.m. to 4 p.m. (closed from 1 to 1:30 p.m. for lunch) Call 953-5439 for more info.

Hungry? – Check out the Market St. Grill for your lunchtime favorites! Located inside the Sandbar and open M-F 10:30 a.m to 1:30 p.m.
- Stop by the Gears Lounge, located inside the Sandbar, every Thursday and Friday from 3 to 7 p.m. for social hour. Don't forget to bring a friend! We have the NFL ticket. Watch four different games every Sunday. Doors open at 12 p.m. with a limited menu available.

-Have your next party at the Sandbar. We are a full service catering facility.

CALL THE SANDBAR AT 953-5017 FOR MORE INFO.



Fitness

& Recreation

-Outdoor Recreation has everything you need for outdoor fun! Come check out our boats, campers, tents and more. And for that big party we have tables, chairs and canopies! Located in Bldg 276, we are open 8 a.m. to 2 p.m. Call for more info – 953-5855

-The gymnasium has a wide variety of fitness classes to suit your needs. Not interested in a class? Then check out our cardio and weight rooms! Call the gym at 953-7024. For personal training call Dee Hunt, Fitness Coordinator at 953-6130 or 953-5095.

The indoor pool is open MWF 5:30 a.m. to 6 p.m. and Tue. and Thurs. from 6 a.m. to 6 p.m.

Come check out our pool activities! Call 953-5946 for more info!

For info on these and all MWR programs call 953-5095.

Look for info on the MWR ski trip to be held in February!

New CMC believes Deckplate Sailor is 'what it's all about'

Continued from page 5


master chief," Angstead said. "I consider it a privilege to be here."

A privilege Angstead doesn't take lightly.

"Getting down to the 'Deckplates' is what it's all about,

and it's just a matter of time before I get out and get face-to-face time with the Sailors."

Staff wondering what to expect from NMCP's new CMC can look for a leadership

dedicated to promoting competent and healthy Sailors capable of doing their job, as well as enhanced training and professional development. 

Greetings from Kuwait

SECNAV visits EMF Portsmouth

By Capt. Roger Hirsh, executive officer EMF Portsmouth

The Secretary of the Navy, Hon. Gordon England, visited the U.S. Military Hospital Kuwait on Nov. 24 to offer Thanksgiving greetings to the patients and staff of the "First and Finest Deployed".


Lt. Gen. David Whitcomb, commanding general of the Coalition Forces Land Component Command (CFLCC), Kuwait, accompanied him on the visit.

Having just returned from his two week R&R the same morning,

Capt. Martin Snyder, EMF Portsmouth commanding officer, was greeted with the news that the Secretary of the Navy was coming to see the hospital later in the afternoon.

As he led England through the hospital, he introduced several of the staff members, who had their picture taken with him. England was a good sport about the whole affair, posing with everyone and signing autographs. He also distributed a few of his souvenir "challenge" coins

during his tour. He expressed his thanks to the EMF staff for the excellent medical care they provide and took the time to meet with several of the patients on the ward.

Impressed with the USMHK facility and its advanced medical capabilities, England commented that "Navy Medicine should be proud of this state of the art facility and the high quality medical care it provides to our forces." 



Lt. Joshua Keil, patient admin officer for EMF Portsmouth, shakes hand meets Secretary of the Navy, Hon. Gordon England during the SECNAV's visit to the facility.



Photo by HM2 Daniel Benton



Photo by HM2 Daniel Benton

In addition to the Secretary of the Navy, the staff at EMF Portsmouth received another group of high profile visitors ... the Washington Redskins Cheerleaders. Lt. Juan Cometa, EMF Portsmouth chaplain, had the chance to meet the squad.



Fit Mom, Healthy Baby

Attention -- NMCP staff in their first, second, third trimester or recently post-partum ... we have a program for you!

A new program is in the works to help moms-to-be get and stay healthy throughout their pregnancy and into their post-partum months. Now pregnant women in any trimester can attend pre- and post-partum tailored fitness classes with accompanying information talks on a variety of topics geared toward mom's-to-be's needs and wants.

Classes will be held Tuesdays and Thursdays at

7 a.m. – 1st Trimester,

8 a.m. – 2nd Trimester,

9 a.m. – 3rd Trimester

10 a.m. – Post Partum.

Tuesday classes are aquatic classes and will be held in the NMCP pool. **Thursday classes are land-based, work with an exercise ball** and will take place in the main gym until further notice.

Interested participants **MUST** sign up through an OB-GYN representative and get a medical waiver to participate.

Fit Mom – Healthy Baby is a long-term program put together by NMCP's MWR Fitness, Nutrition, Wellness and Women's Health Departments to give pregnant women the tools they need to stay in shape.

Lecture topics will include nutrition, pregnancy myths, exercise, family planning resources, WIC and childcare issues among many others. Classes will begin the end of January or beginning of February.

Please contact your OB-GYN intake nurse for more information.

NMCP continues long tradition of support to Guard and Reserve



Photo by JO1 Sarah Langdon

Rear Adm. Thomas K. Burkhard, commander, NMCP signs a Statement of Support for the Employer Support of Guard and Reserve (ESGR) while Capt. C. Forrest Faison, deputy commander (far left), Cmdr. A. Doyle Quisenberry, USNR (ret) and Randall Phelps, both ESGR representatives, look on.

Rear Adm. Thomas K. Burkhard, commander, Naval Medical Center Portsmouth, signed a formal Statement of Support Dec. 7 for the Employer Support of Guard and Reserve. The ESGR is dedicated to ensuring reservists' employment rights remain intact while activated and upon demobilization. One of the ways they do this is by asking civilian employers and military facilities employing civilian reservists to sign a Statement of Support promising to uphold reservists' employment rights.

For the NMCP command, signing the statement of support was a formality as the command already abides by and supports reservist employment rights.

For more information on the ESGR or to see the Statement of Support, please go to www.ESGR.org.

Bravo Zulu!!!

Navy Achievement Medal

CS3 Travis B. Green
HM3 Chan Chum
CS3 Ditesha S. Perry
Lt.jg. Choya T. Page
Lt. Rosemary Frieson
HM3 Michael A. Huey
HM1 Jeffrey L. Redd
PNSN Derek J. Tyler
Lt.jg. Carmenza P. Rojas-Reese
HN Dwight V. Sylvester
CS3 Lisa S. Mann
MA1(SW) Donald F. Coscarelli
Lt. Michelle M. Grimes
HM1 Danny R. Davis
CS2 Michael E. Wittnebert

Navy Commendation Medal

MA1(SW / AW) Jamal A. Cooks
Lt. Carolyn O. Mosier
HM1 Lawrence W. Hughes
Cmdr. Michael R. Wagner
Cmdr. Bruce A. Becker
Lt. Cmdr. Rachel A. Burke
Cmdr. Annette Beadle
EM1(SW) Steven D. Pate
Lt. Cmdr. Kristen Atterbury

Certificate of Commendation

Cmdr. John W. Maurice

Letter of Commendation

HM3 Melissa D. Godzik
HN Latoya D. Thomas
HN Candace E. Dickson

Letter of Commendation

HN Melissa Guevara
HM3 Anthony D. Lisuzzo
MMC(SW) Michael R. Adams
HA Andrew T. Burdette
HN Ricardo A. Nazari Pietri
SN Wayne O. Golding
HN Ryan S. Porter
HR David A. Durand
HN Gabriel D. Wilson
HN Samuel J. Goodwin
HN Tiffani N. Noble
HN Weiran Wang
HA Dienna K. Roser
HN Gregory O. Cash
HM3 Gerardo R. Enerlan
MMS Christopher W. Bontje
MM2(SW) Michael J. Dugan
MM3 Tammi S. Henrie
SH3 Brandon E. Hamer
HM1(SW) Judy K. Tarpley
HM2 Angela D. Brannon
HN Rashida Gramby

Letter of Appreciation

BM1 James Nakoneczny
CIV Leonard Pepe
CIV Elaine Nestell
DT1 Brenda J. Stevenson
HMC(SW) Kari L. Jackson
HMCS(SW) Tiburico Estampador
HMCM(SW) Maurice L. Frear
Lt. Gary T. Deen
Lt. Raymond M. Bristol
Lt. Cmdr. Julie C. McNally
Lt. Cmdr. Joseph A. Mariano
Lt. Cmdr. John F. Ferguson
Cmdr. James T. Hosack
HM1 Terry J. Brown
HM1 David A. Lloyd
HM1 Michael S. Spears
HM2(FMF) Eric J. Green
HN Verna M. Casey
HN Lara D. Fultz

Letter of Appreciation

HN Maria Glen L. Cubero
HN Megan R. Eckenroed
HN Adam M. Laney

Joint Service Commendation Medal

Lt. Cmdr. Richard E. Makarski

Army Commendation Medal

Capt. Douglas R. Knittel

Military Outstanding Volunteer Service Medal

HM2(FMF) Adam N. Goulas

Clinical Efficiency and Excellence Award

Gastroenterology

Meritorious Service Medal

HMCM(SW / FMF) Frederick A. Michaux
Capt. Nancy A. Swanson
Cmdr. James W. Lantry
Cmdr. Leslie V. Moore

Have a Safe and Happy Holiday